

**Interim Designation of Agent to Receive Notification
of Claimed Infringement**

Full Legal Name of Service Provider: Bridgewater State College

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): _____

Address of Service Provider: 131 Summer Street, Bridgewater, MA 02325

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Patrick Cronin

Full Address of Designated Agent to which Notification Should be Sent (a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic location):

Bridgewater State College, Office of Telecommunications
131 Summer Street, Bridgewater, MA 02325

Telephone Number of Designated Agent: 508-697-1236

Facsimile Number of Designated Agent: 508-697-1774

Email Address of Designated Agent: PCronin@Bridgew.EDU

Signature of Officer or Representative of the Designating Service Provider:

Date: 12/2/98

Typed or Printed Name and Title: William Davis, Chief Information Officer

**Note: This Interim Designation Must be Accompanied by a \$20 Filing Fee
Made Payable to the Register of Copyrights.**

RECEIVED

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